



State of Ohio Environmental Protection Agency

P.O. Box 1049, 1800 WaterMark Dr.
Columbus, Ohio 43266-0149
(614) 644-3020
FAX (614) 644-2329

RECEIVED NOV 08 1993
WMD RCRA
RECORD CENTER

George V. Voinovich
Governor

Donald R. Schregardus
Director

October 28, 1993

Morgan Matroc Inc.
Attn: William Hocevar
232 Forbes Road
Bedford, OH 44146-5418

RE: EPA ID#: OHD052324290

LOCATION of INSTALLATION: 232 Forbes Rd
Bedford, OH 44146

In response to your request of February 1993 the following information has been updated:

Name: Morgan Matroc Inc
(formerly listed as Vernitron Piezoelectric Division)

Contact: William Hocevar

Owner: Morgan Crucible Co.

Deleted waste codes: D007, U210, U239, D005

Added waste codes: D001, D002, F002

If you have any questions, please contact Beth Barrett at (614)644-2977.

Sincerely,

Thomas E. Crepeau, Manager
Data Management Section
Division of Hazardous Waste Management

TEC/bab

cc: U.S. EPA, Region V
Ohio EPA District Office





UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

JUL 11 1983

JUL 11 1983

C. G. Stevens, Eng. Mgr.
Vernitron Piezoelectric Division
232 Forbes Road
Bedford, Ohio 44146

RE: Interim Status Acknowledgement USEPA ID No. OHD052324290
FACILITY NAME: Vernitron Piezoelectric Division

Dear Mr. Stevens:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

CBK
7/8/83

DJB
7/8/83

Enclosure

cc: Benjamin K. Sachs, Vice President



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

5HW-TUB

Sept 30, 1982

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. C.G. Stevens
Vernitron Corporation
232 Forbes Rd.
Bedford, Ohio 44146

RE: Vernitron Corp.
OHD052324290

Dear Mr. Stevens:

The referenced company is a hazardous waste treatment, storage, or disposal facility subject to the Resource Conservation and Recovery Act (RCRA) as amended. Federal regulations (40 CFR Part 265 Subpart H) require that such facilities shall provide to the United States Environmental Protection Agency (U.S. EPA) proof of financial assurance for closure by July 6, 1982, and proof of liability coverage by July 15, 1982 (40 CFR 265.143 and 265.147 respectively).

To date U.S. EPA has not received these proofs; consequently, the facility is in violation of the requirements of 40 CFR Part 265 Subpart H. The Agency considers these financial responsibility proofs as significant requirements of the hazardous waste regulations. Failure to provide these required proofs within 30 days of receipt of this notice may subject the facility to enforcement action. RCRA provides for civil penalties up to \$25,000 per violation. Please forward the financial responsibility proofs to:

RCRA Activities
ATTN: Financial requirements
P.O. Box A3587
Chicago, IL 60690

Mr. Thomas B. Golz, at (312) 886-4023, can provide additional information concerning this notice.

Sincerely,

William H. Miner, Chief
Technical, Permits, and Compliance Section

cc: Tegtmeyer - OEPA



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V

111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

MAY 4 1982
C. G. Stevens
Vernitron Piezoelectric Division
232 Forbes Road
Bedford, Ohio 44146

RE: Interim Status Acknowledgement USEPA ID No. OHD052324290
FACILITY NAME: Vernitron Piezoelectric Division

Dear Mr. Stevens:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,


Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

cc: Benjamin K. Sachs

DS 5/3/82
DJB 5/4/82



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• OHD052324290 REACKNOWLEDGEMENT

VERNITRON PIEZOELECTRIC DIVISION
232 FORBES RD
BEDFORD

OH 44146

INSTALLATION ADDRESS

232 FORBES RD
BEDFORD

OH 44146

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 D 0 0 8 23 - 26 7 23 - 26	2 U 2 1 0 23 - 26 8 23 - 26	3 23 - 26 9 23 - 26	4 23 - 26 10 23 - 26	5 23 - 26 11 23 - 26	6 23 - 26 12 23 - 26
-----------------------------------------	-----------------------------------------	------------------------------	-------------------------------	-------------------------------	-------------------------------

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26 19 23 - 26 25 23 - 26	14 23 - 26 20 23 - 26 26 23 - 26	15 23 - 26 21 23 - 26 27 23 - 26	16 23 - 26 22 23 - 26 28 23 - 26	17 23 - 26 23 23 - 26 29 23 - 26	18 23 - 26 24 23 - 26 30 23 - 26
-------------------------------------------------	-------------------------------------------------	-------------------------------------------------	-------------------------------------------------	-------------------------------------------------	-------------------------------------------------

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26 37 23 - 26 43 23 - 26	32 23 - 26 38 23 - 26 44 23 - 26	33 23 - 26 39 23 - 26 45 23 - 26	34 23 - 26 40 23 - 26 46 23 - 26	35 23 - 26 41 23 - 26 47 23 - 26	36 23 - 26 42 23 - 26 48 23 - 26
-------------------------------------------------	-------------------------------------------------	-------------------------------------------------	-------------------------------------------------	-------------------------------------------------	-------------------------------------------------

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE (D001)

☐ 2. CORROSIVE (D002)

☐ 3. REACTIVE (D003)

☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE Mark A. Rickman	NAME & OFFICIAL TITLE (type or print) Mark A. Rickman, General Manager	DATE SIGNED
-------------------------------------	--------------------------------------------------------------------------------------	--------------------



DETACH A

CONTINUE ON REVERSE

5	6	7	8	9	10	11	12	13	14	15
W										
1	2	3	4	5	6	7	8	9	10	11

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 D 0 0 8 23 - 26	2 U 2 1 0 23 - 26	3 D 0 1 1 23 - 26	4 D 0 0 5 23 - 26	5 D 0 0 7 23 - 26	6 F 0 0 1 23 - 26
7 F 0 0 3 23 - 26	8 F 0 0 5 23 - 26	9 U 2 3 9 23 - 26	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)


☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

Antimony and Compounds
Nickel and Compounds

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) Mark A. Rickman, General Manager	DATE SIGNED 11/14/80
--------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------	-------------------------

NOV 17 1980

U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER
FO HD 0 52 3 24 2 90

GENERAL INSTRUCTIONS
If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

PA I.D. NUMBER
III. FACILITY NAME
V. FACILITY MAILING ADDRESS
VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X" FORM ATTACHED		
	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		Form 3
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			X
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			X
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			X
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			X
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X

III. NAME OF FACILITY
1 SKIP VERNITRON PIEZOELECTRIC DIVISION

IV. FACILITY CONTACT
A. NAME & TITLE (last, first, & title)
2 C. G. STEVENS, ENG. MGR.
B. PHONE (area code & no.)
2 16 2 32 8 60 0

V. FACILITY MAILING ADDRESS
A. STREET OR P.O. BOX
3 2 3 2 FORBES ROAD
B. CITY OR TOWN
4 BEDFORD
C. STATE
OH
D. ZIP CODE
4 4 1 4 6

VI. FACILITY LOCATION
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER
F 2 3 2 FORBES ROAD
B. COUNTY NAME
CUYAHOGA COUNTY
C. CITY OR TOWN
6 BEDFORD
D. STATE
OH
E. ZIP CODE
4 4 1 4 6
F. COUNTY CODE (if known)

VII. SIC CODES (4-digit, in order of priority)

A. FIRST

B. SECOND

3 2 69 (specify) Pottery Products NEC

7 3 6 72 (specify) Electronic Components and Accessories

C. THIRD

D. FOURTH

3 2 64 (specify) Porcelain Electronic Supplies 7 3 2 94 (specify) Minerals and Earth, Ground or otherwise treated

VIII. OPERATOR INFORMATION

A. NAME

B. Is the name listed in Item VIII-A also the owner?

8 VERNITRON CORPORATION

☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

D. PHONE (area code & no.)

F = FEDERAL
S = STATE
P = PRIVATEM = PUBLIC (other than federal or state)
O = OTHER (specify)

(specify)

5 1 6 7 7 8 8 2 0 0

E. STREET OR P.O. BOX

2 0 0 1 M A R C U S A V E N U E

F. CITY OR TOWN

G. STATE

H. ZIP CODE

IX. INDIAN LAND

B L A K E S U C C E S S

NY

1 1 0 4 2

Is the facility located on Indian lands?

☐ YES☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)

D. PSD (Air Emissions from Proposed Sources)

9 N

9 P

B. UIC (Underground Injection of Fluids)

E. OTHER (specify)

9 U O H D 0 5 2 3 2 4 2 9 0 9

(specify)

C. RCRA (Hazardous Wastes)

E. OTHER (specify)

R

9

(specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacturer of ceramic used in mechanical to electrical and electrical to mechanical transducers and sold to manufacturers of electrical and electronic sensors and equipment. Products also include bandpass radio filters, fuel ignition devices, tone generators.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME & OFFICIAL TITLE (type or print)

B. SIGNATURE

C. DATE SIGNED

Benjamin K. Sachs,
Vice President

Benjamin K. Sachs

11/23/82

COMMENTS FOR OFFICIAL USE ONLY

OFFICIAL USE ONLY

APPLICATION APPROVED

DATE RECEIVED (yr., mo., & day)

COMMENTS

VERIFICATION

23

24

29

NOV 29 1982

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

YR. MO. DAY

8 58 06 02

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR. MO. DAY

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP

13

14

15

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)			1. AMOUNT	2. UNIT OF MEASURE (enter code)
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	S 0 1	100,000	G	7			
	S 0 2	10,000	G	8			
3	T 0 1	100	G	9			
4				10			

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 1553-0004

VERMILION

EPA I.D. NUMBER (enter from page 1)												FOR OFFICIAL USE ONLY												NOV 29 1982			
WASTE NO. (enter code)												WASTE NO. (enter code)												WASTE NO. (enter code)			
DESCRIPTION OF HAZARDOUS WASTES (continued)												D. PROCESSES RECEIVED															
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))									
	12	13	14	15	16	17	18	19		20	21	22	23	24	25	26	27	28	29	30	31	32					
1	0	00	8		36,000				P	S	01	S	02	T	01												
2	U	21	0		23,000				P	S	01																
3	D	0	11		150				P	S	01	T	01														
4	D	0	05		20				P	S	01	T	01														
5	D	0	07		10				P	S	01	T	01														
6	F	0	01		3,500				P	S	01																
7	F	0	03		1,000				P	S	01																
8	F	0	05		2,000				P	S	01																
9	U	2	39		700				P	S	01																
10	Antimony				15				P	S	01	T	01														
11	Nickel				200				P	S	01	S	02	T	01												
12																											
13																											
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25																											
26																											

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)									
F	O	H	D	0	5	2	3	2	4
									29
									0
								T/A	C
									6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

FACILITY GEOGRAPHIC LOCATION	
1. Name of Facility	2. Address
3. City	4. State
5. Zip	6. Country
7. Latitude	8. Longitude
9. Elevation	10. Time Zone
11. Daylight Saving Time	12. Standard Time
13. Time of Day	14. Time of Day
15. Time of Day	16. Time of Day
17. Time of Day	18. Time of Day
19. Time of Day	20. Time of Day
21. Time of Day	22. Time of Day
23. Time of Day	24. Time of Day
25. Time of Day	26. Time of Day
27. Time of Day	28. Time of Day
29. Time of Day	30. Time of Day
31. Time of Day	32. Time of Day
33. Time of Day	34. Time of Day
35. Time of Day	36. Time of Day
37. Time of Day	38. Time of Day
39. Time of Day	40. Time of Day
41. Time of Day	42. Time of Day
43. Time of Day	44. Time of Day
45. Time of Day	46. Time of Day
47. Time of Day	48. Time of Day
49. Time of Day	50. Time of Day
51. Time of Day	52. Time of Day
53. Time of Day	54. Time of Day
55. Time of Day	56. Time of Day
57. Time of Day	58. Time of Day
59. Time of Day	60. Time of Day
61. Time of Day	62. Time of Day
63. Time of Day	64. Time of Day
65. Time of Day	66. Time of Day
67. Time of Day	68. Time of Day
69. Time of Day	70. Time of Day
71. Time of Day	72. Time of Day
73. Time of Day	74. Time of Day
75. Time of Day	76. Time of Day
77. Time of Day	78. Time of Day
79. Time of Day	80. Time of Day
81. Time of Day	82. Time of Day
83. Time of Day	84. Time of Day
85. Time of Day	86. Time of Day
87. Time of Day	88. Time of Day
89. Time of Day	90. Time of Day
91. Time of Day	92. Time of Day
93. Time of Day	94. Time of Day
95. Time of Day	96. Time of Day
97. Time of Day	98. Time of Day
99. Time of Day	100. Time of Day

LATITUDE (degrees, minutes, & seconds)						LONGITUDE (degrees, minutes, & seconds)					
8	1		3	1	15	4	1		2	20	
65	66		67	68	69 - 71	72 - 74		75	76	77 - 79	

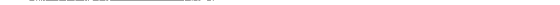
VIII. FACILITY OWNER

- ☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.
- ☐ B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)										
E															F										
17 16															55 56 - 53 59 - 61 62 - 65										
3. STREET OR P.O. BOX										4. CITY OR TOWN										5. ST.		6. ZIP CODE			
F										G															
17 16										10 11 12 13 14										10 11 12		17 18 19 20			

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Benjamin K. Sachs, Vice President		11/23/82

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
-------------------------	--------------	----------------

FORBES ROAD
PROPERTY BOUNDARY

OFFICES

NEENITHON PIEZOELECTRIC DIVISION
MANUFACTURING BUILDING

BECKFORD OHIO
OHD 052 324 290

MFG.

MFG.

CERAMIC
WASTE
STORAGE

PRECIOUS
METAL
WASTE
STORAGE

WASTE
SOLVENT
STORAGE

LOADING
DOCK

WAREHOUSE

LAWN

PARKING

FENCE

PROPERTY BOUNDARY 420'

FREE AVENUE

DRIVEWAY

FENCE

TOXIC
WASTE
STORAGE

11' 11' 11' 11'

NONFLAMMABLE
WASTE STORAGE

DRUM
STORAGE

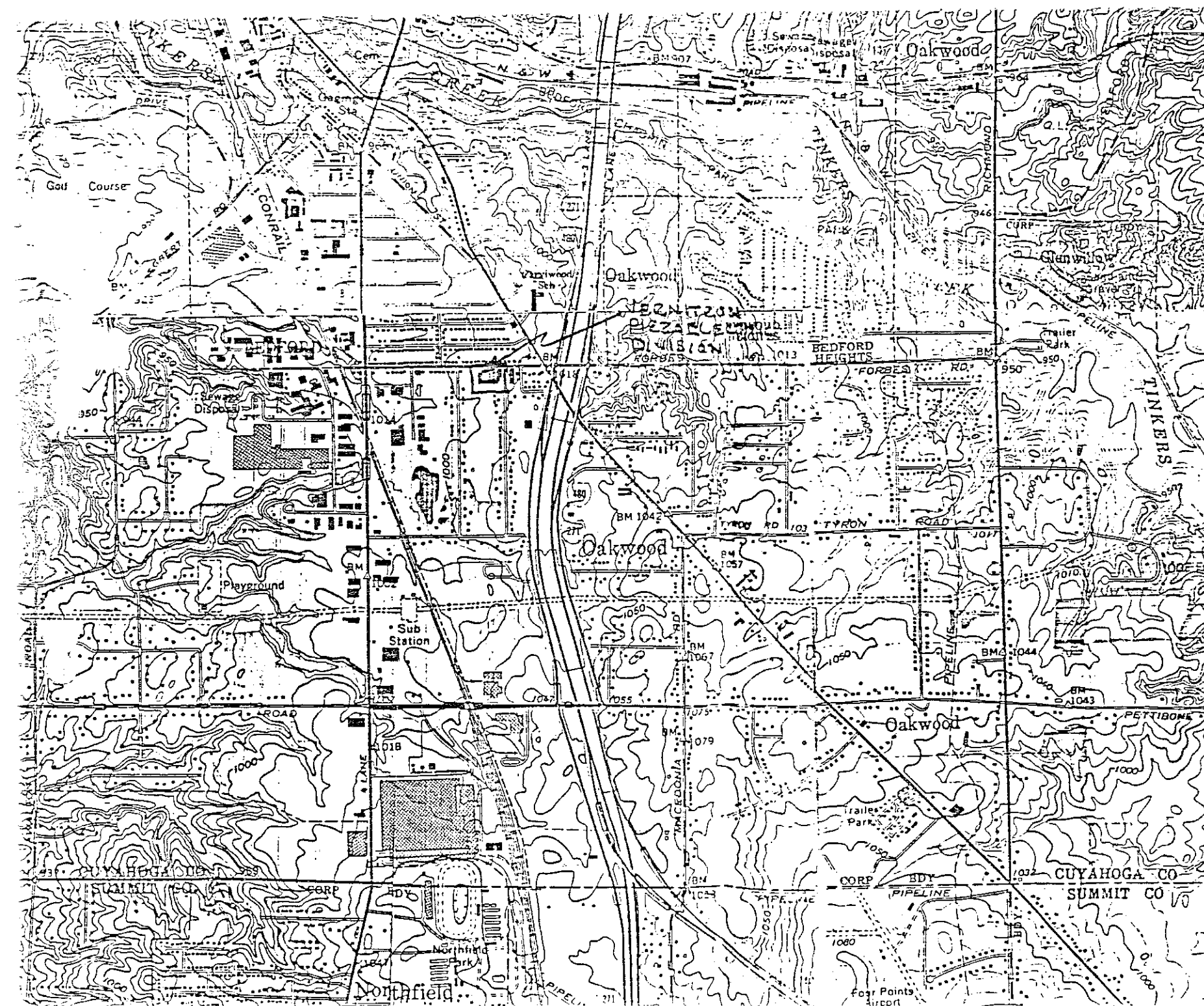
SUB-
STATION
POWER

PROPERTY BOUNDARY

FENCE 480'

REVISED 10/1/85C

SCALE: 1"=60'



04D052324290

LOCATION MAP
VERNITRON PIEZOELECTRIC DIVISION
BEDFORD, OHIO

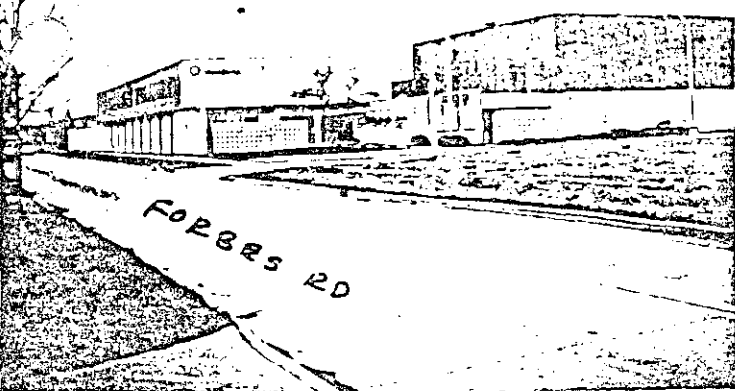
SCALE 1:24000

1000 0 FEET

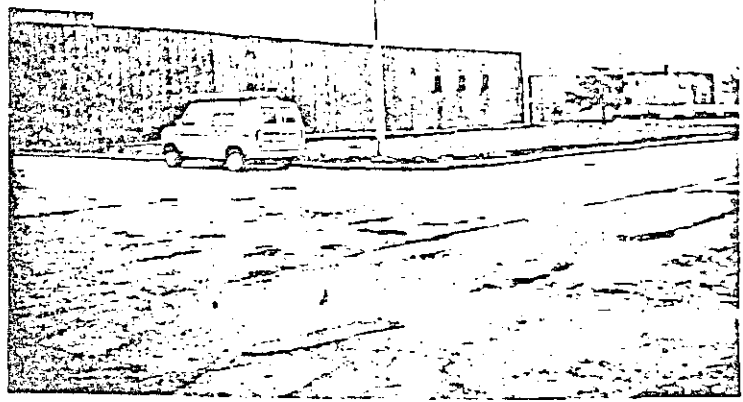
COMPOSITE FROM USGS QUADS
NORTHFIELD, OHIO
SHAKER HEIGHTS, OHIO
CHAGRIN FALLS, OHIO
TWINSBURG, OHIO

GN
89 MIN 0° 22' 7 MILES

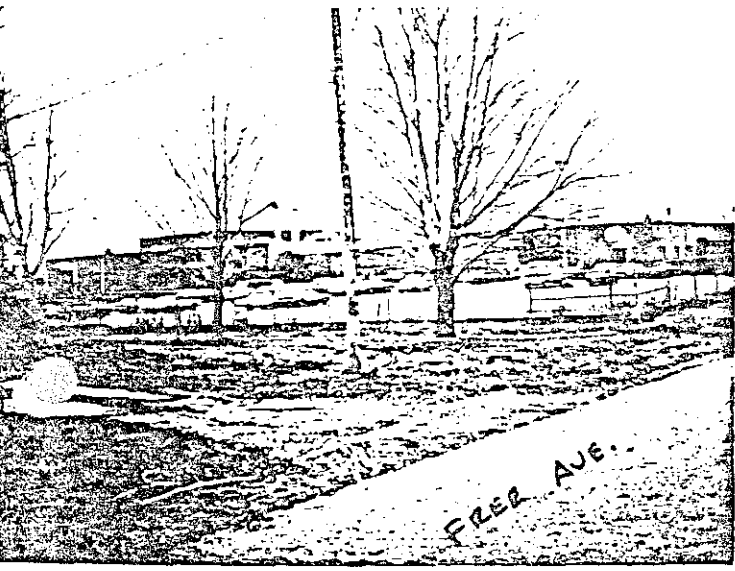
UTM GRID AND 1979 MAGNETIC NORTH
DECLINATION AT BOTTOM OF SHEET



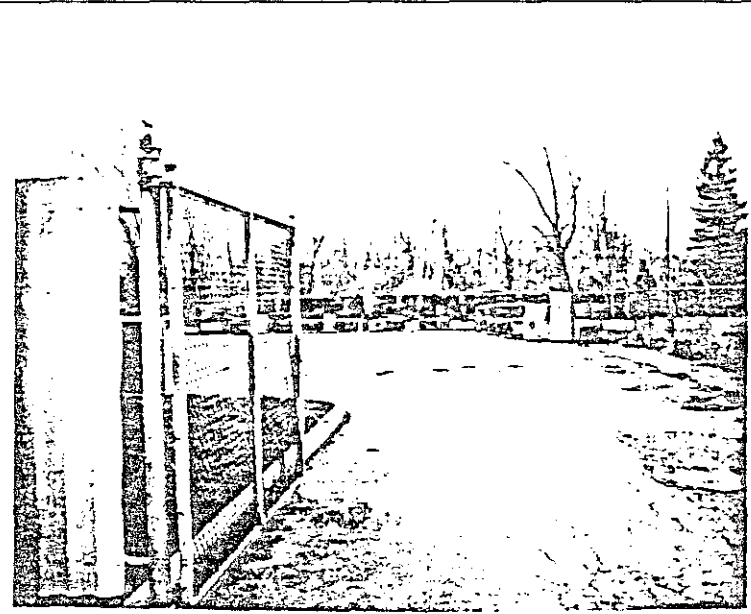
NORTHWEST CORNER



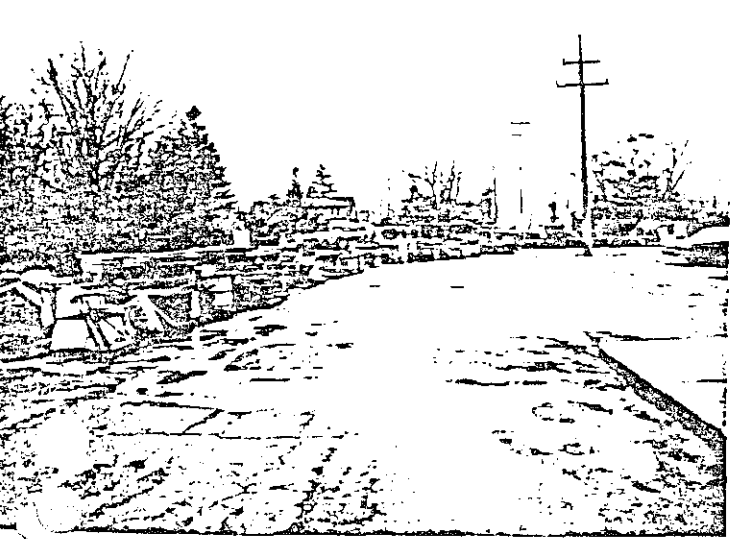
SOUTH ELEVATION



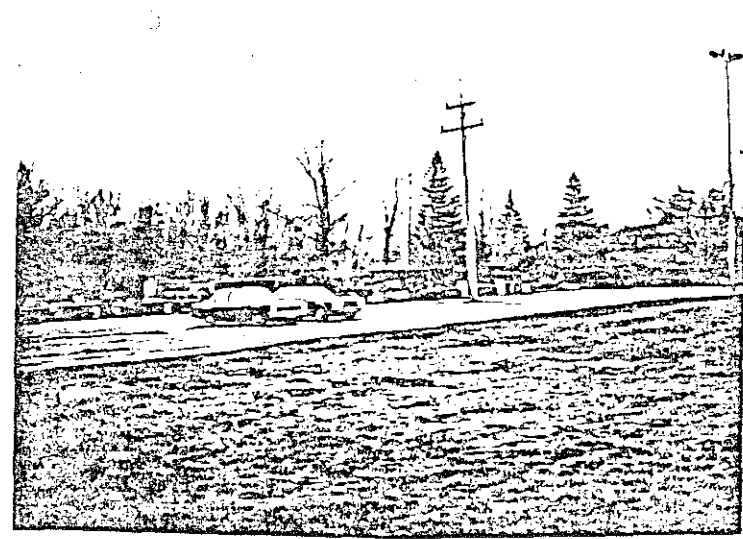
SOUTH ELEVATION



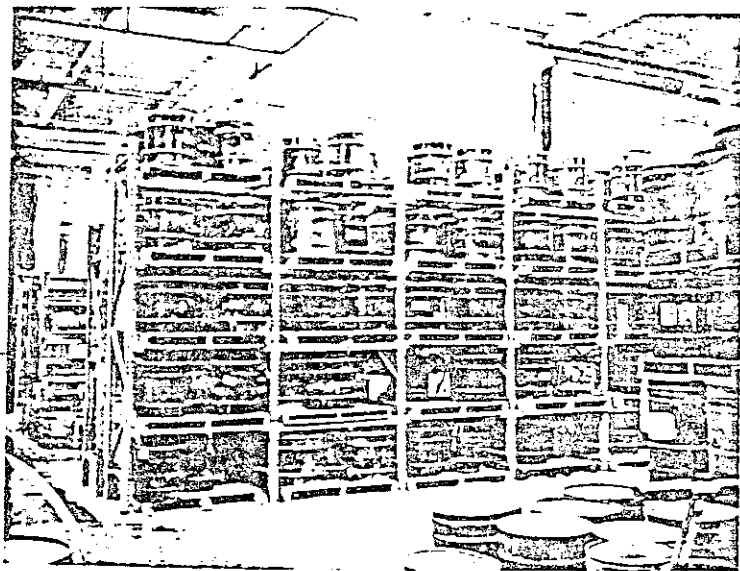
DRUM STORAGE SOUTH WEST CORNER



DRUM STORAGE



DRUM STORAGE SOUTH WEST CORNER



DRUM STORAGE EAST RACK WAREHOUSE



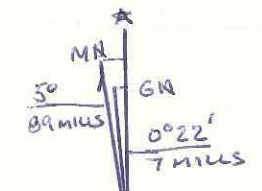
DRUM STORAGE WEST RACK WAREHOUSE



LOCATION MAP
VERNITRON PIEZOELECTRIC DIV.
BEDFORD OHIO

SCALE 1:24000
1000 0 FEET

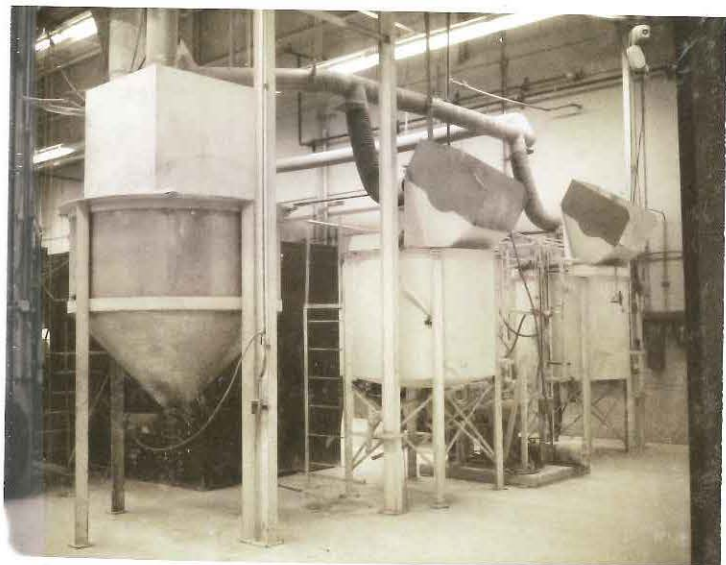
COMPOSITE FROM USGS QUADS
NORTHFIELD OHIO
SHAKER HEIGHTS OHIO
CHAGRIN FALLS OHIO
TWINSBURG OHIO





OHDO52324290

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OHDO52324290

FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">8</td> <td style="width:10%;">F</td> <td style="width:10%;">O</td> <td style="width:10%;">H</td> <td style="width:10%;">D</td> <td style="width:10%;">0</td> <td style="width:10%;">5</td> <td style="width:10%;">2</td> <td style="width:10%;">3</td> <td style="width:10%;">2</td> <td style="width:10%;">4</td> <td style="width:10%;">2</td> <td style="width:10%;">9</td> <td style="width:10%;">0</td> <td style="width:10%;">3</td> <td style="width:10%;">D</td> </tr> </table>	8	F	O	H	D	0	5	2	3	2	4	2	9	0	3	D
8	F	O	H	D	0	5	2	3	2	4	2	9	0	3	D				
LABEL ITEMS <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">EPA I.D. NUMBER</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">III. FACILITY NAME</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">V. FACILITY MAILING ADDRESS</div> <div style="border: 1px solid black; padding: 5px;">VI. FACILITY LOCATION</div>		<div style="border: 1px solid black; padding: 20px; min-height: 150px;"> PLEASE PLACE LABEL IN THIS SPACE </div>		GENERAL INSTRUCTIONS <p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>															

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		Form 3	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP	V E R N I T R O N P I E Z O E L E C T R I C D I V I S I O N	69
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IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)		
2	C. G. STEVENS ENG. MGR.	2 16	2 32	86 00

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
3	2 3 2 FORBES RD.		
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4	B E D F O R D	OH	44 146

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5	2 3 2 FORBES RD.		
B. COUNTY NAME			
C U Y A H O G A C O U N T Y			
C. CITY OR TOWN		D. STATE	E. ZIP CODE
6	B E D F O R D	OH	4 4 1 46
		F. COUNTY CODE (if known)	
		035 DP	

VIII. OPERATOR INFORMATION

F. CITY OR TOWN															G. STATE		H. ZIP CODE		IX. INDIAN LAND	
BLAKE SUCCESS															NY		11042		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15 16 - 40															41 42		47 - 51		52	

X. EXISTING ENVIRONMENTAL PERMITS																															
A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)																					
C	T	I																													
9	N																														
15	16	17	18													30	9	P													
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)																					
C	T	I																													
9	U																														
15	16	17	18													30	9														
C. RCRA (Hazardous Wastes)										E. OTHER (specify)								(specify)													
C	T	I																													
9	R		C H D 0 5 2 3 2 4 2 9 0 5																												
15	16	17	18													30	9														
										E. OTHER (specify)								(specify)													

XI. MAP

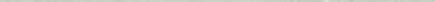
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacturer of ceramic used in mechanical to electrical and electrical to mechanical transducers and sold to manufacturers of electrical and electronic sensors and equipment. Products also include bandpass radio filters, fuel ignition devices, tone generators.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE <i>(type or print)</i> Benjamin K. Sachs Vice President	B. SIGNATURE 	C. DATE SIGNED 11/17/80
---------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------	-----------------------------------

COMMENTS FOR OFFICIAL USE ONLY	
C	
C	
15	15

653

FORM 3 RCRA	EPA	ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER												
			S	F	O	H	D	0	5	2	3	2	4	2	9

FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	
23	24	29

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ **1. EXISTING FACILITY** (See instructions for definition of "existing" facility. Complete item below.)

☐ **2. NEW FACILITY** (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
8	58	06

YR.	MO.	DAY

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ **1. FACILITY HAS INTERIM STATUS**

☐ **2. FACILITY HAS A RCRA PERMIT**

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS		T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C		DUP		T/A	C	3		1	
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEAS- URE (enter code)				1. AMOUNT	2. UNIT OF MEAS- URE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	100,000 000	G		7				
	S 0 2	10,000 000	G		8				
3	T 0 1	100 000	U		9				
4					10				

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS.....	P
TONS.....	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS.....	K
METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY											
<div> <div>W O H D 5 2 3 2 4 2 9 0 3 1</div> <div>13 14 15</div> </div>													<div> <div>W 1 2</div> <div>13 14 15 23 - 26</div> </div>											
DESCRIPTION OF HAZARDOUS WASTES (continued)																								
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																				
				1. PROCESS CODES (enter)																				
				27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29										
1	D 0 0 8	36,000 000	P	S 01	S 02	T 01																		
2	U 2 1 0	23,000 000	P	S 01																				
3	D 0 1 1	150 000	P	S 01	T 01																			
4	D 0 0 5	20 000	P	S 01	T 01																			
5	D 0 0 7	10 000	P	S 01	T 01																			
6	F 0 0 1	3,500 000	P	S 01																				
7	F 0 0 3	1,000 000	P	S 01																				
8	F 0 0 5	2,000 000	P	S 01																				
9	U 2 3 9	700 000	P	S 01																				
10	Antimony	15 000	P	S 01	T 01																			
11	Nickel	200 000	P	S 01	S 02	T 01																		
12																								
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IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	0	H	D	5	2	3	2	4	2	9	0	3	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

FGIA/55

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). FGIA/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

0	1	3	1	1	5	0	4	1	2	2	0	0	0	0	8	1	3	1	5	0
55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

C	E	15	16	55	56	57	58	59	60	61	62	63	64	65
---	---	----	----	----	----	----	----	----	----	----	----	----	----	----

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

C	F	12	13	45	46	47	48	49	50	51	52	53	54	55
---	---	----	----	----	----	----	----	----	----	----	----	----	----	----

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Benjamin K. Sachs
Vice President

B. SIGNATURE

Benjamin K. Sachs, V.P.

C. DATE SIGNED

11/17/80

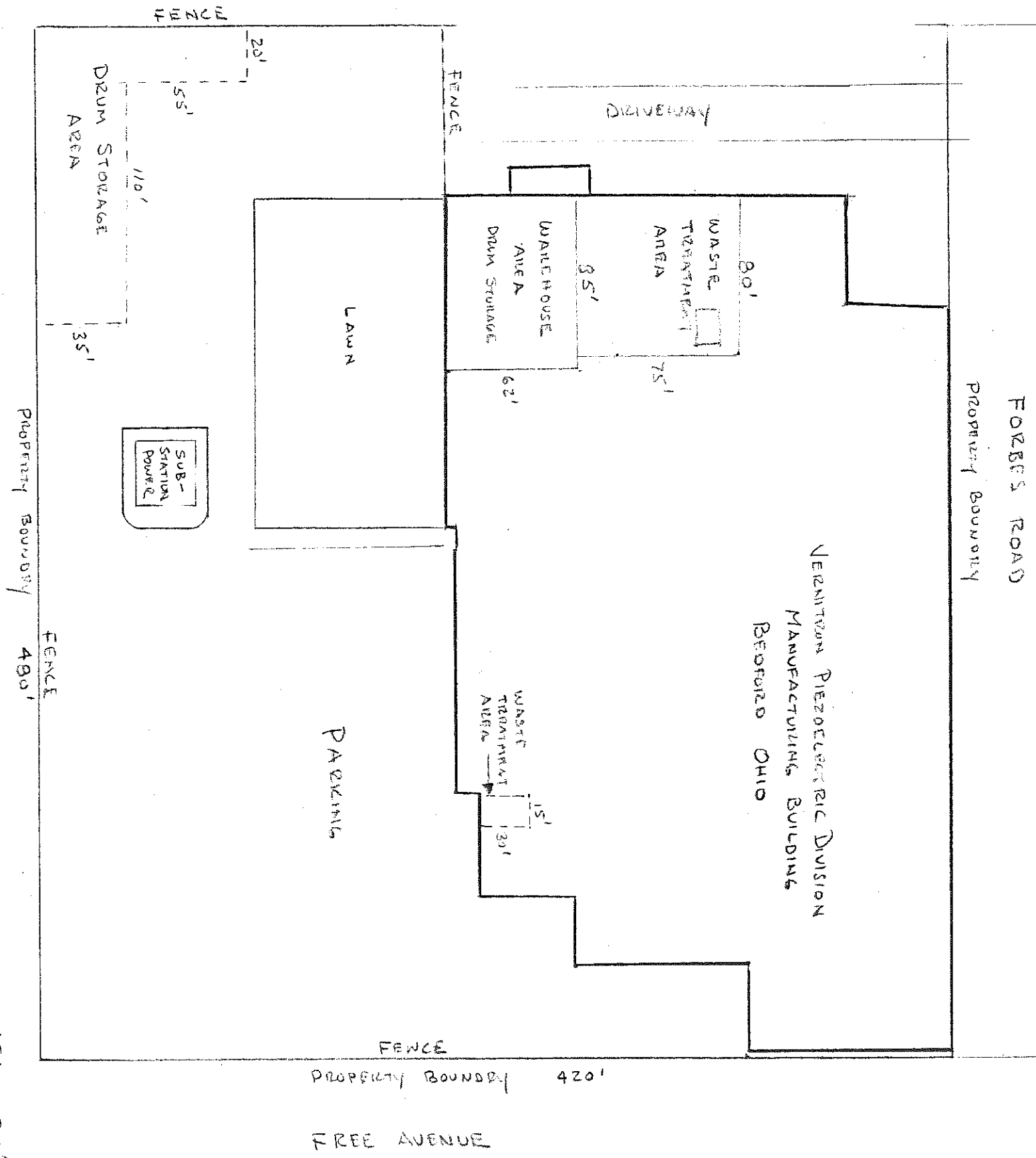
X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED





VERNITRON CORPORATION

2001 MARCUS AVENUE

LAKE SUCCESS, N.Y. 11042

P.O. BOX 711 • 185 COMMUNITY DRIVE • GREAT NECK, N.Y. 11022

653

LEGAL DEPARTMENT

REF: GR-53

(516) 487-0140

(516) 775-8200

November 18, 1980

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

EPA Region V
Permit Contact (5EP)
U.S. Environmental Protection Agency
230 South Dearborn Street
Chicago, IL 60604

RE: Hazardous Waste Permit Application
Vernitron Piezoelectric Division
of Vernitron Corporation
232 Forbes Road
Bedford, Ohio
EPA I.D. No. OHD 052324290

Gentlemen:

I am writing this letter on behalf of the Vernitron Piezoelectric Division of Vernitron Corporation.

Enclosed herewith please find the Hazardous Waste Permit Application, together with all necessary documentation, which has been certified by Mr. Benjamin K. Sachs, Vice President of Vernitron Corporation.

Should you have any questions, or require any further documentation, please do not hesitate to contact me.

Very truly yours,

Ms. Pat Reale,
Legal Assistant

PR/mjh
Encl.

cc: Lawrence J. Schwartz, Esq.
Corporate Counsel
Vernitron Corporation